

**REPORT TO CITY CLERK
SPECIAL DESIGNATED LICENSE APPLICATION**

#277

☐ Police
☐ City Attorney
☐ Bureau of Fire Prevention
☐ Health Department

DATE: 8/25/06
Return by: 9/14/06

CATERER: **X**

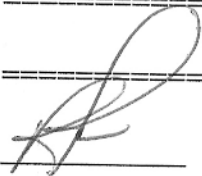
NON-CATERER:

APPLICANT NAME & ADDRESS: **K-SARA, 3540 VILLAGE DR #200**

ADDRESS OR LOCATION OF PREMISES TO BE COVERED BY LICENSE: **3401 W LUKE STREET,
LINCOLN AIRPORT - west aircraft parking ramp.**

DATE (S) & TIME(S) OF EVENT : **SEPTEMBER 23, 24, 2006; NOON TO 9:00 P.M. BOTH DAYS**
Alternate Dates: None

RECOMMENDATION OF APPROVAL OR DENIAL



APPROVED

CONDITIONS _____

_____ DENIED

REASON(S) FOR _____



Signature

#843

8-28-06

Date

(If needed, use back for additional space)

PUBLIC HEARING BEFORE COUNCIL: 9/18/06

(SDLRPT.JER)

277

**APPLICATION FOR SPECIAL DESIGNATED LICENSE
LICENSEE**

NEBRASKA LIQUOR CONTROL COMMISSION

P.O. Box 95046

Lincoln NE 68509-5046

ALL ISSUED LICENSES ARE MAILED TO LOCAL CLERKS WHERE THE EVENT IS HELD

- ☐ All Applications must be received in the Commission Office 10 working days (excluding weekends and holidays) prior to the date of the event
- ☐ Complete and return **THE ORIGINAL WITH A DUPLICATE** to the Nebraska Liquor Control Commission
- ☐ A license fee of \$40 (payable to Nebraska Liquor Control Commission) for each day (no fees if caterer)
- ☐ **APPROVAL FROM CITY, VILLAGE OR COUNTY CLERK** must be included with this application
- ☐ A Signed Statement from Local Police Chief or County Sheriff

1. Type of Beverage(s) to be served or consumed: ☒ Beer ☒ Wine ☒ Distilled Spirits

2. License number and class 52692 D/K ☒ Retailer ☒ Caterer
(i.e. IK-12345)

3. Name and Address of Applicant (as listed on liquor license) (City, County, Zip Code)

K-SARA ENTERPRISES D/B/A/ KEVIN MEIER IMPORTS
3540 VILLAGE DR, STE 200
LINCOLN, NE 68516

4. Address or location of premises to be covered by license, (street, city, county, zip code)

LINCOLN AIRPORT - WEST AIRCRAFT PARKING RAMP 3401 W. LUKE ST. LINCOLN, NE 68524

5. Address of where alcohol is to be stored if other than at location listed in question #4 above

6. Name, address, phone number/cell phone number of owner or lessee of premises for which the license is requested

LINCOLN AIRPORT 3401 W. LUKE ST. LINCOLN, NE 68524

7. **DATE(S) OF EVENT** (If Sunday, attach Sunday sales ordinance) no more than six (6) consecutive days per application

SAT. - SUN SEPT. 23-24 2006

a) If alternate date is requested please list below: (must be approved at local level prior to event)

ALTERNATE DATE:

b) If alternate location is requested please list below: (must be approved at local level prior to event)

ALTERNATE LOCATION:

8. Time(s) of event (example 8:00 am to 1:00 am, this is considered one day)

FROM: NOON TO: 9:00 PM

9. Describe type of activity to be carried on during the time period for which the license is requested

CHAMBER OF COMMERCE ~~RESTAURANT~~ GUARDIANS FOR FREEDOM AIR SHOW. CHAMBER VIP TENT

(SEE MAP)

10. Provide an estimated number of attendees at this event 100. If the number of attendees is over 150 attach a separate page indicating the steps that will be taken to prevent underage persons access to alcoholic beverages.

11. Attach a signed statement from your local police chief or county sheriff, whichever is applicable, that local law enforcement has been informed in advance of this event, and if they are aware of any reason the event should not occur

12. Description of the premises: ☐ Inside Building ☒ Outdoor Area

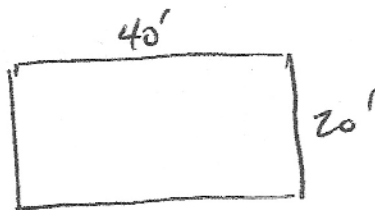
Dimensions of area to be covered by license: 40' x 20' Please draw in the space provided below, the area where
liquors will be sold and consumed. LENGTH WIDTH (In feet)

If outdoor area, how will premises be separated from areas open to the general public?

☐ Fence, type of fence _____

☒ Tent

☐ Other (if other, please explain) _____



TENT WILL BE ENCLOSED ON 3 SIDES
NO ALCOHOL WILL BE ALLOWED OUTSIDE
TENT.

13. Is the premises to be covered by the license located within the city/village limits?..... ☒ YES ☐ NO

14. Is the premises to be covered by the license within 150 feet of any church, school, hospital, or home for the aged or indigent persons or for veterans, their wives or children?..... ☐ YES ☒ NO

15. Is the premises to be covered by the license within 300 feet of any university or college campus..... ☐ YES ☒ NO

16. Explain how alcoholic liquors will be purchased by the licensee. If purchased from a retail licensee, please give the name and license number.

ALCOHOLIC BEVERAGES PURCHASED FROM LICENSED WHOLESALE

Check here if for consumption only ☐ (no purchases or sales, i.e. byob)

17. Will the premises to be covered by the license comply with all Nebraska sanitation laws?..... ☒ YES ☐ NO

18. Are there separate toilets for both men and women?..... ☒ YES ☐ NO

19. Other information or requests for exemptions, must be requested and approved prior to event:

20. Will there be any games of chance operating during the event? ☐ YES ☒ NO If so, describe activity

NOTICE: Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All other forms of gambling are prohibited by State Law: There are no exceptions for Non Profit Organizations or any events raising funds for a charity. This is only an application for a Special Designated License under the Liquor Control Act and is not a gambling permit application.

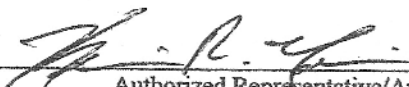
21. Name and telephone number/cell phone number of immediate supervisor, who will actually be present at the location of the event when it occurs, that can be contacted by law enforcement before and during the event, and who is responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. Supervisor must sign on page 3.

KEVIN MELO 420-7100

22. I declare that I am the authorized representative of the above named license applicant and that the statements made on this application are true to the best of my knowledge and belief. I also consent to an investigation of my background including all records of every kind including police records. I agree to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or

any other individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for will not be used by any other person, group, organization or corporation for profit or not for profit and that the event will be supervised by persons directly responsible to the holder of this Special Designated License.

sign
here



Authorized Representative/Applicant

PRES.

Title

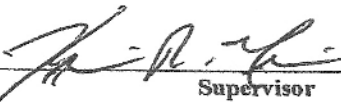
8-10-06

Date

KEVIN R. MEIER

Print Name

sign
here



Supervisor

PRES.

Title

8-10-06

Date

KEVIN R. MEIER

Print Name

The law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the local governing body. For the purposes of this section, the local governing body shall be the city or village within which the particular place for which the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing body shall be the county within which the place for which the special designated license is requested is located.

In Compliance with ADA, this form is available in other formats for persons with disabilities.

A ten day advance period is requested in writing to produce the alternate format.

SPECIAL DESIGNATED LICENSE APPLICATION SUPPLEMENTAL FORM

The Special Designated License process is not intended to be used as a means to expand the existing licensed premise.

Name of Event: GUARDIANS FOR FREEDOM AIR SHOW

Applicant and Sponsoring Organization or Person (if applicable): LINCOLN CHAMBER OF COMMERCE

Date of Event: SAT - SUN, SEPT. 23-24, 2006 Time of Event: NOON - 9:00 PM

Has the applicant applied for and received liquor liability insurance? ☒ Yes ☐ No

Number of persons expected to attend: 100 - IN TENT Number of persons under 21 expected: 0
Is the event open to the public? ☐ Yes ☒ No TENT IS PRIVATE

How will you ensure that minors will not be served or consume beverages containing alcohol:

IDS WILL BE CHECKED AT SERVING STATION

Will food be served? ☒ Yes ☐ No If yes, please list food to be served:

BBQ CONCESSIONS CATERED BY LICENSED CATERER

Will non-alcoholic beverages be served: ☒ Yes ☐ No If yes, please list non-alcoholic beverages to be served: TEA, H2O, SFT DRINKS

Please identify the beverages containing alcohol that will be served: ☒ Wine ☒ Beer
☒ Distilled Spirits

Will this be a cash or complimentary bar? ☐ Cash ☒ Complimentary

Who will serve the beverages containing alcohol? K-SABA ENTERPRISES / KEVIN METER IMPORTS

Have the designated servers received responsible beverage service training? ☒ Yes ☐ No

Will there be a charge for admission? ☐ Yes ☒ No

In the last 12 months, have you received notice of a liquor law violation that occurred during an event at which you were the special designated licensee? ☐ Yes ☒ No If so, explain:

PLEASE USE REVERSE TO PROVIDE A DRAWING (see map)

[Signature]
Applicant's Signature

8-20-06
Date

Lincoln Airport
West Aircraft parking ramp
centered on
3401 W Lake St. - Lincoln, NE 68524

CHAMBER TENT

SHUTTLE
DROP-OFF POINT

V.I.P.

VENDOR

VENDOR

VENDOR

0 100 400

Taxiway

Taxiway "C"

TOP 1 3150

POU FINE

